Benalla HEALTH

Orientation Checklist for Work Experience Students

Name: ..... **Placement Dates:** .....
School: .....
Student Year: .....

CONTACT DETAILS
Home Address: .....
.....
.....
Phone: .....
Email:
Emergency Contact Name: .....
Phone : .....

It is a requirement of Benalla Health that you review the topics and complete the training as listed below. Please ensure that you have read and understood them, and then complete the checklist below.

Tick the boxes to indicate the areas/policy documents you have read and understood.

By ticking these boxes you are agreeing to comply with the policies and requirements of each area.

Confidentiality & Documentation
- ❑ Confidentiality Policy
- ❑ Documentation Policy

Professional Behaviour
- ❑ Code of Behaviour
- ❑ Professional Behaviour Policy

Occupational Health & Safety
- ❑ Emergency Codes
- ❑ Fire Safety
- ❑ Emergency Equipment
- ❑ Manual Handling
- ❑ Workplace Violence
- ❑ No Lift
- ❑ Incident Reporting
- ❑ Incident Reporting Procedure

Infection Control
- ❑ Standard Precautions
- ❑ Hand Hygiene
- ❑ Hand Hygiene procedure
- ❑ Clean between
- ❑ Personal Protective Equipment
- ❑ Immunisation

Paperwork to be completed and brought with you to orientation:
- ❑ Student Confidentiality Agreement
- ❑ Hand Hygiene (debug) Certificate of Completion
- ❑ Completed Staff Health Form

I _____ certify that I have read and understood the preceding topics in the Benalla Health Online Student Orientation in preparation for my placement.

I consent to having my photograph taken while on placement at Benalla Health. I understand that these photographs become Benalla Health's property, and that they may be used for educational and promotional purposes. Benalla Health will identify me with my photograph in its publications. I give my permission for my photograph to be used by Benalla Health in its print publications and resources including on the Benalla Health website **yes / no** (please circle)

Student Signature: _____**Parent Signature:** _____**Date:** _____

Staff use only:
Checklist Completed and Relevant Documents sited:
Name: _____ Signature: _____
Designation: _____ Date: _____